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The Prudential Insurance Co.
OF AMERICA.

INFORMATION AND SUGGESTIONS
FOR
MEDICAL EXAMINERS.

THE PRUDENTIAL INSURANCE CO.
OF AMERICA

MEDICAL EXAMINERS,
ASTORIA AND PORTLAND,
OREGON.

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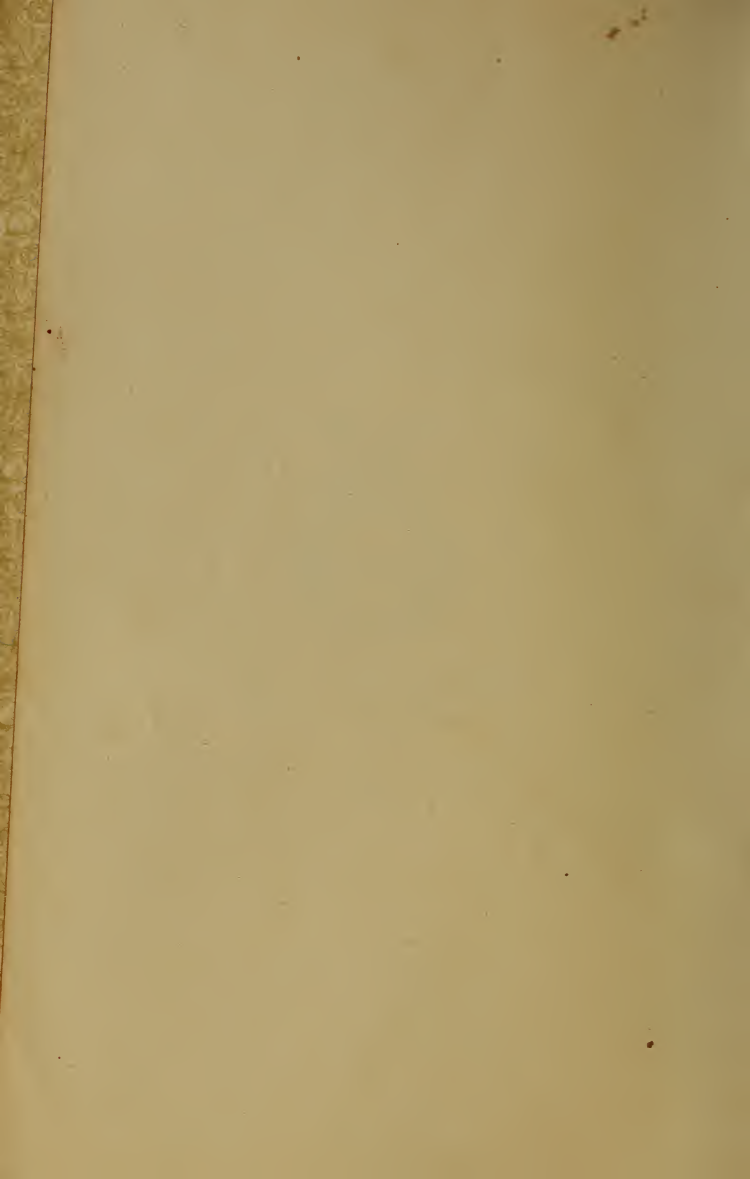


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July 1 - 1890.

F. W. Putnam

Prudential Insurance Co.

NEWARK, N. J.

— FOR THE —

MEDICAL EXAMINERS.

1890:

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GIA
F. W. Potnam,

PREFACE.

To render the most effectual aid to a Company its Medical Examiners should be made acquainted with its methods of procedure, at least in so far as these methods relate to the proper discharge of their duties.

With this end in view the information and suggestions contained in the following pages have been given. A careful perusal of this manual and an observance of the suggestions contained therein, will, we believe, enable our Examiners to more readily meet the requirements of the Company.

Information of a purely professional nature has been purposely omitted. The aim has been to convey, as briefly as was consistent with the importance of the topic, information that might prove serviceable to the Examiner in the daily prosecution of his duties.

Nothing has been said about how to make an examination, about the knowledge to be gained by a close scrutiny of the applicant, about the influence of certain occupations upon longevity, nor of the significance of certain diseases in his personal history. For information on these points the Examiner is referred to "The Medical Adviser in Life Assurance," by Sieveking. "Medical Examinations in Life Insurance," Allen. "The Insurance Examiner," Stillman and works of similar character.

LESLIE D. WARD, M. D.,
Medical Director.

EDWARD H. HAMILL, M. D.,
Medical Supervisor.

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INFORMATION AND SUGGESTIONS

—FOR THE—

MEDICAL EXAMINERS

—OF—

THE PRUDENTIAL INSURANCE COMPANY

OF AMERICA.



The duties of a Medical Examiner are often arduous and always responsible. The Company, influenced largely by the advice of its Examiners, annually assumes obligations to the extent of many millions of dollars. Because of the responsibility attached to the position, the appointment of a Medical Examiner is invariably made by the Home Office. The utmost caution is exercised by the Medical Department to select only those who are professionally qualified for the duties incumbent upon them. In addition, the appointee must also be in good standing with his professional brethren and of upright life. To assure this selection, in all cities where three or more Examiners reside, the senior Examiner (unless otherwise ordered) is

Appointments
made by
Home Office.

Qualifications.

Chairman. constituted Chairman or chief Examiner. Seniority is determined by length of time in the Company's service.

Whenever requested by the Home Office, the Chairman will recommend a new Examiner for appointment. The rules to be observed by him are as follows :—

1st.—Make nomination of new Medical Examiners only when requested by the Home Office.

Rules govern-
ing the
Chairman in
nominating.

2d.—Exercise care to select only those whose professional qualifications you can endorse, and whose integrity and sobriety are beyond doubt.

3d.—Send to the person selected a blank Medical Examiner's application (form 113) to be filled by him and returned to you. These application blanks will be found at each Superintendent's office.

4th.—Correspond with his references and secure answers. Printed forms (No. 355) for this purpose will be supplied by the Superintendents. Replies from at least three references are required.

5th.—Endorse application yourself. Secure the signature of the Superintendent in the space provided for that purpose.

6th.—Be expeditious.

Fee for
nomination.

A fee of \$5 is paid for each selection. No allowance is made for incidental expenses.

The bill for nominating should always be accompanied by the order from the Home Office requesting such nomination to be made. Should the Examiner selected fail to do the work for a

reasonable length of time an additional selection should be made without expense to the Company.

The number of Medical Examiners shall be limited to as few as is consistent with a speedy execution of the work assigned them.

Number of
Examiners.

Each Examiner is given a certain district or territory in which he is expected to make all the necessary examinations. Instances of one Examiner trespassing upon the field assigned to another must in all cases be satisfactorily explained.

The examinations of applicants shall be distributed as equally as a due regard for seniority of service, distance to be covered and prompt execution of business will permit. The territory assigned to Examiners in large cities should be in accordance with this view.

Distribution of
work.

Differences of opinion between local Examiners shall be decided by the Chairman, and on appeal by the Medical Director.

Disagreements.

No report of the examination of an applicant will be received at the Home Office unless made by one of the regular Examiners of the Company, provided such service is available.

The Medical Examiner holds his appointment during good behavior, until he resigns, changes his residence so as to be no longer accessible, or is removed by death.

Tenure of
Office.

He forfeits his position through negligence, unnecessary delay in making examinations, intemperance, prolonged or frequent absences and untruthful reports.

Forfeiture of
position.

Complaints
made against
an Examiner.

In the friction of an active and aggressive business complaints will naturally arise. The Medical Examiner must expect his share of them. Whenever they arise the attention of the Examiner is called to them. He is fully informed of their nature and opportunity given him to reply. Decision is invariably reserved until all have been heard.

Fees for
Examinations.
Ind. Branch.

The fees for examinations are fixed and paid by the Company. These vary with the amount and kind of insurance sought and the nature of the medical reports required. For a *complete* medical report made on the Regular Industrial or white form the fee is 50cts. When made on Special Adult or blue form the fee is \$1.00. No urinalysis is required in the above unless especially requested. In that event an additional fee is allowed.

Revival
Examinations
Ind. Branch.

Examinations for revival of policies must be paid for by the persons applying for revival. The Examiner is permitted to make such arrangements with the Agent or Superintendent as may be satisfactory to himself.

Reports to be
mailed direct
to H. O.

When the reports are complete they should be mailed direct to the Home Office in the envelopes provided by the Company for that purpose. These envelopes are to be obtained of the Superintendents.

Postage.

The Examiner must pay his own postage.

He should use ink in writing his reports. Reports written in pencil will be returned.

Accompanying the reports and enclosed in the same envelope with them should be placed the "Medical Referee's Voucher" properly filled out and signed. On the reverse side of the vouchers should appear the names of all the persons examined. These vouchers will be retained and a weekly statement (form 44) will be returned, showing the amount due the Examiner. The Examiner's bill should be made up from the items furnished on these weekly statements.

Vouchers for
Examinations.

Weekly
Statements.

If an Examiner receives applications from more than one Superintendent, he will be required to keep *separate vouchers for each district*. This is rendered necessary because of the work incident to the proper entry and preservation of the vouchers at the Home Office by districts. Upon each voucher state the district or Superintendent from whom the applications were received. Do not allow the names of two Superintendents or districts to appear upon one voucher.

Ind. Branch.
Separate
Vouchers re-
quired for
each District
or Superinten-
dent.

The accounts of Medical Examiners will (unless special arrangement is made to the contrary) be adjusted quarterly, as follows :—

Ind. Branch.
Medical
Examiner's
Bills. When
paid.

1st.—On the first Monday of each quarter the accounts of all Examiners residing in New York State will be adjusted.

2d.—On the second Monday of each quarter the accounts of all Examiners residing in the State of New Jersey and the territory covered by the Philadelphia districts.

Examiner's
Accounts
Continued.

3d.—On the third Monday of each quarter the accounts of all Examiners residing in Maryland, Delaware and Pennsylvania (except the districts in Philadelphia).

4th.—On the fourth Monday of each quarter the accounts of all Examiners residing in the districts west of Pennsylvania.

Blank vouchers (Form 53) and Bills (Form 445) for rendering accounts will be supplied by the Superintendents.

• Fees
Ordinary
Branch
Examinations.

When the examination is made for the Ordinary Branch and the sum applied for is less than \$1000, the fee is \$2.00 for each report. When the amount applied for reaches or exceeds \$1000, the fee is \$3.00 for each report. When the amount applied for reaches or exceeds \$5000, the fee is \$5.00 for each report. Urinalysis is always required. A microscopical examination of the urine is not necessary, except when ordered by the Medical Department. When this is requested an additional fee of \$3.00 is allowed.

Ordinary
Branch
Revivals.

Ordinary Branch revival examinations must be paid for by the persons applying for revival.

In the Ordinary, as well as in the Industrial Branch, medical reports must be mailed by the Examiner direct to the Home Office.

Ordinary
Branch
Examiners'
Accts. When
paid.

Examiners' accounts with the Ordinary Branch will be adjusted *quarterly* during the first week in January, April, July and October. Bills reaching the Home Office later than either of the above dates will be deferred until the next ensuing quarter.

Blank Bill Heads may be procured of the Superintendents.

A cardinal virtue in an Examiner is promptness in conducting examinations and in forwarding his reports at once to the Home Office. This is especially true in Industrial Insurance. Applications, when handed to the Doctor, should receive immediate attention and his reports should reach us not later than the first mail on the ensuing Monday.

In the economy of the Home Office, all reports arriving later than above stated are still further delayed. The work in hand at the Office on Monday morning requires and receives attention during that week. It is important therefore that all medical reports shall be received on or before the arrival of the first mail on Monday.

Medical
Reports should
reach
Home Office
not later than
first mail Mon-
day morning.

It is taken for granted that the Examiner will accord to the Superintendent the deference due him in his official capacity as the representative of the Company. Also that he will extend to the Assistant Superintendents, Agents and applicants the courtesy due them.

Courteous
treatment
to all.

It is desirable for the Examiner to call at the Superintendent's, or a detached Assistant Superintendent's office, to receive applications requiring examination. By doing this obscure addresses and names may be cleared up and other information given that will enable him to save time and effort in accomplishing his work. He may arrange with the Superintendent the days and hours most convenient to all concerned.

The Examiner
to call at
Supt's Office.

Prudence will suggest the propriety of reading the application of each person to be examined. The fact of a previous rejection may be stated, or a past illness. It is well for the Examiner to be placed in possession of such information, should it exist, before proceeding with his examination. Besides, if the signature of the applicant is omitted on the application, the case should not be examined, but returned to the Superintendent and his attention called to the omission.

The Examiner
should read the
application.

If an Examiner receives an application to which the signature of the applicant has been affixed on the Medical Examiner's report, he should forward the application, without examination, to the Home Office. In no case should he proceed with the examination.

Medical
Reports pre-
viously signed
must be sent to
Home Office
without
examination.

After the examination has been made and the signature of the person examined affixed to the medical report, it may be discovered that the two signatures do not correspond. If the Examiner is satisfied of this, he may secure signatures on both sides of the form, signing his own name as witness, and forward his report. In every instance of this kind do not fail to state the fact under "Remarks."

Wrong
Signatures
corrected.

A medical examination should never be made by proxy. The examiner should sign for himself alone, and only in cases he has personally examined.

Examiners
must sign
only their own
Reports.

When two or more applications on the same life are handed to the Examiner for any current week he should make but one report. A single fee only is allowed by the Company.

In proceeding with his examination the Examiner will bear in mind the fact that the relation between the Doctor and his patient differs materially from that which exists between the Medical Examiner and the applicant for life insurance. The one is eager to tell all his ills, and is anxious that the Doctor should know of every symptom and condition ; he speaks freely and without reserve. The other often desires to conceal everything that will impair the value of the risk or lessen his chance to effect an insurance upon his life. In other words, self interest prompts the patient to impart information, and the applicant for life insurance to withhold it.

The Doctor
and his Patient.

The Examiner
and the
Applicant.

It becomes the duty of the Examiner to determine the facts in each case he examines. He is employed by the Company—not by the applicant, nor by the Agent. He is, then, in honor bound to subserve the interests of the Company.

Since our prosperity depends largely upon the integrity with which he discharges the duties of an Examiner, we offer for guidance the following

SUGGESTIONS.

Satisfy yourself as to the identity of the applicant. The name, age, occupation, sex and signature will enable you to do this.

Identity.

Note the apparent AGE as compared with the age given by the applicant. The conviction has been forced upon the Company that there is a decided tendency upon the part of applicants to give ages younger than they really are. This is sometimes

Actual and
Apparent age.

Age continued.

done, it is true, without the intent to deceive, and simply because the applicant, especially if of foreign birth, is uncertain as to his age. It is very frequently done, however, with the intent of obtaining, for a given weekly premium, as large an amount of insurance as possible. You will understand that as the age appears less the amount of insurance, for a stated premium, is larger. In other words, 25 cents per week will buy more Insurance at age 40 than at age 44.

Again, we regret to say, that in some instances, the Agent, knowing this fact, and, in sharp competition with Industrial Agents from other companies, endeavors to secure the applicant by promising him cheaper rates than he can obtain elsewhere. He can give this in no other way than by misrepresenting the age. In collusion, therefore, with the applicant he writes him up at, say 35 years of age, when the fact is he is 40.

Upon the death of the insured the truth is sometimes learned from the attending physician, whose certificate of death is submitted to the Company to establish the claim.

Frequently the holder of a policy applies for additional insurance, giving a different age. This leads to investigation, and the actual age is ascertained.

Again, Examiners sometimes detect the attempted imposition, and call attention to the difference between the age as given by the applicant and the apparent age.

Our statistics show that we have more policies in force at 40 than at 41, 42 or 43. The same result is shown at age 45 compared with 46, 47, 48; also at age 50, as compared with 51, 52, 53. Age continued.

These figures prove that the tendency is, if an applicant is 41, 42 or 43, for him to give his age at 40, and if 51, 52 or 53 to give his age at 50, and so on.

In these and other ways, as we have before stated, the conviction has been forced upon the Company that they are daily taking risks at ages younger than they really are.

Let us for a moment see how important it is for the Company to have the CORRECT AGE at the time the insurance is effected.

According to the Company's table of rates the amount insured at age, 40 for a weekly premium of 10 cents is \$100.00; at age 41 the amount is \$96.00. It therefore follows that if 100,000 persons state their ages as 40 when they are really 41 years of age the sum insured and subject to loss by death is increased by \$400,000. In other words, the Company will pay \$400,000 more than would be paid, in the event of death, had the age been correctly stated.

When it is realized that the Company insures 100,000 persons in a short time, it becomes at once apparent how important it is to be exact upon the question of age. *Next in importance to the physical condition, and of more importance than the*

Family History of the applicant, is the determination of the Age.

Age continue 1.

How shall the Company be protected in this direction? We must look to our Medical Examiners.

We offer the following suggestions for your guidance :

If the applicant is in doubt, or seems inclined to deceive, corroborative evidence can be secured, such as : date of emigration to this country, and the age at that time—the age of oldest child, and the age of applicant at its birth—the age of husband or wife—ages of brothers or sisters, living or dead, and comparative age of applicant with these.

These, taken together with the apparent age of the applicant, will enable a judicious Examiner to closely approximate the actual age. Should the age given be one of the quinquennial periods, as 40, 45, 50, 55, &c., take especial pains, as the probability is that the applicant is older. In all cases of doubt give the Company the benefit of that doubt.

The line of enquiry, alluded to above, is briefly epitomized in the following verbatim report from one of our oldest Examiners : Mrs. K—— applies for a Special Adult policy. She tells the Agent she is 50 years old. She also gives this age to the Examiner. She appears older. The report reaches us in this shape : “Actual age, 60. Apparent age, 60. Remarks : Applicant states that she is 50

years old—does not know the year of her birth. Landed in this county at 18—married at 22 ; first child 2 years after marriage, who is now 36 years of age.”

The EXACT OCCUPATION must be stated in both Ordinary Branch and Special Adult Reports. The term laborer should not be used. Ordinary Branch applications upon the lives of persons engaged in the following occupations will not be accepted :

Occupation,
Ord. Branch.

Blasting.

Mining.

Submarine operations.

The military or naval service in time of war.

The manufacture, handling or transportation of highly explosive substances.

The sale or handling of spirituous or malt liquors.

Brakemen on railroad trains

Journeyman bakers.

Stone cutters.

Glassblowers.

Sailors.

Grain handlers in elevators.

Those engaged in the following occupations are received with an addition to the premium rate of one-half per cent. to two per cent. of the amount of insurance :

Service in any capacity upon railroad trains, except brakeman.

Service upon any steam or other vessel.

Engineers or firemen of stationary or moving engines.

Employment in blast furnaces or foundries, &c.

All of the above applies to the Ordinary Branch alone.

Occupation,
Ind. Branch.

The Special Adult form of application will not be accepted if the applicant is under 20 or over 60 years of age next birthday ; nor if totally blind or deaf ; nor if either parent has died of consumption and the applicant is under 26 years of age next birthday ; nor on the lives of persons pursuing the the following occupations :

Railroad Brakemen and Yardmen.

Blasting, Mining and submarine operations.

Manufacture of Explosives.

Circular or Buzz Sawyers.

Journeyman Bakers.

Marble or Stone Cutters.

Common Laborers.

Glass Blowers.

Sale or Handling of Malt or Spirituous Liquors.

Actresses.

Sailors.

NOTE.—Grain handlers in elevators, Printers and Hatters will be received with caution.

The Regular Industrial form of application will be received upon the lives of all persons engaged in any occupation whatsoever. Prostitutes and illegitimate children under 3 years of age are exceptions to this rule.

The importance of determining as accurately as possible the *amount* and *kind* of liquors daily consumed should be at once apparent to the Examiner. Excessive or immoderate use invariably shortens life. In answering this question do not write "moderately," "occasionally," &c., but give average quantity each day. The term "moderately," so often written by Examiners, may with one applicant mean from 20 to 30 glasses of beer and one or more drinks of spirits each day. To another it may mean a glass of beer or wine at meals only. To us, in view of the various constructions placed upon the word, it conveys no definite information of the applicant's habits. We repeat the request, give the average quantity and kind of spirits drank each day or week.

Personal
Habits.

The age, occupation and habits of the applicant having received attention, we now desire to call attention to the *PERSONAL HISTORY*. For the purpose of eliciting this, certain questions are asked, to all of which the Examiner is expected to record positive and definite answers. If a past illness is mentioned, such as pneumonia, pleurisy, sunstroke or any other disease, it is not sufficient to state the bare fact, but he should also state when the illness occurred, the duration and severity of the attack ; and if more than one attack, or if more than one disease is mentioned, the date, severity and duration of each should be explicitly stated. The Examiner need not confine himself to the questions to be found on the blank provided for his use, but

Personal
History of the
Applicant.

Objectionable
Terms.

should make such additional queries as in his judgement will clearly reveal all that it is desirable to know. Such expressions as "a cold," "over-work," "nervous exhaustion," "dyspepsia," "head-ache," &c., &c., are frequently given by applicants to account for an illness requiring medical advice. The Examiner will do well to be on his guard in all such cases, and make a rigid enquiry into all the particulars. These conditions are often prognostic of serious incipient diseases. Whenever reports of this character reach us, unaccompanied by evidence that the Examiner has thoroughly investigated the point, they are returned for such investigation.

Family History

Next in importance is the FAMILY HISTORY. It is universally admitted that certain diseases are transmissible by heredity. Also, that inherited tendencies are most decided at certain ages. To properly appreciate therefore the value of a life, it is essential for the Examiner to know the ages at death and the causes of death of near relatives. Unless this is clearly given it will be seen that a valuable aid to determining the desirability of a risk is withheld. If the cause of death of a parent or brother or sister is unknown, endeavor by questioning to establish the existence or non-existence of hereditary disease, especially consumption. The mortality statistics of insurance companies prove that 20 per cent. of all death claims arise from Consumption alone.

In assigning the causes of death, avoid all indefinite terms, such as "asthenia," "childbirth," "change of life," "debility," "dropsy," "exhaustion," "exposure," "failure of heart," &c. If it becomes necessary to use any of these terms, remarks, explanatory of the fact, should always be made, since these expressions do not establish the cause of death. It is possible for any one or all of them to exist, and yet the death may be due to consumption. Moreover, they are unscientific terms which obtain among the laity and should not be used by the careful Examiner. If death is stated to be the result of injury, accident or childbirth, the nature of the injury, the disease complicating childbirth and the length of time elapsing before death, as well as the previous condition of health, should be given.

What to avoid.

NOTE.—In Special Adult applications when the applicant is under 26 years of age next birthday, and in Ordinary Branch applications, when the applicant is under 30 years of age, if the cause of death of a parent or brother or sister is obscure, be especially careful to enquire into the nature and duration of the last illness. *Always give the age at death of near relatives.*

During your examination you may discover that the applicant is temporarily ill with an acute disease. This would at once disqualify him for insurance in the Ordinary Branch or for a Special Adult policy in the Industrial Branch until com-

Postponements
Ord. Branch.

plete recovery has ensued. It will, therefore, be your duty to advise postponement of the case for such time as you think best.

Postponements
Ind. Branch.

In the Industrial Branch (except Special Adult) a wider latitude is permissible, inasmuch as the policy-holder is not in benefit until 3 months have elapsed from the date of the policy—the Company assuming no liability until an applicant has been insured for that length of time. If the conviction is strong that the illness observed is mild in character and that its result will be determined within 3 months, a postponement is hardly advisable. We might instance an ordinary tonsillitis, an intestinal colic, an acute diarrhœa in a healthy adult, an influenza, a slight injury, such as a broken arm or a flesh wound, an expected accouchment, &c., as conditions not unfavorable to immediate acceptance in the Industrial Branch. If, however, a doubt exists in the mind of the Examiner, he should advise postponement for a definite period.

After the postponement has been advised the Examiner need not revisit the applicant unless he receives from the Superintendent a new application. Should the application be given him before the postponement period has expired he should delay his report until the proper time.

Cough, bronchitis, &c. are regarded with suspicion, and acceptance of the risk is postponed until the symptoms have entirely disappeared.

Rejections are made by the Home Office for the following reasons :

Rejections.
Why made.
Ord. Branch.

IN THE ORDINARY BRANCH.

1. Females under 25 or over 60.
2. All persons under 20 or over 60 years of age.

Exceptions to the above may be made at the discretion of the Executive.

3. For certain occupations see page 13.

4. An unfavorable family history. The death of both parents of consumption ; the death of one parent of consumption, unless the applicant has passed the age of thirty years ; the death of two or more members of the immediate family (brothers or sisters), unless the applicant has passed the age of the eldest, is usually held to be an unfavorable family history.

5. An unfavorable personal history. Repeated attacks of " cold," bronchitis, rheumatism ; the history of constitutional syphilis ; excess in the use of intoxicants, &c., &c., are to be regarded as constituting an unfavorable personal history.

6. The existence of disease.

7. The maximum amount permissible under the rules of this Company having already been granted.

NOTE.—Each Ordinary Branch Rejection Notice will contain a statement that the applicant will or will not be received in the Industrial Branch.

IN THE INDUSTRIAL BRANCH.

Rejections.
Why made.
Ind. Branch.

In this Branch a lower standard is attained. Increased numbers and higher rates compensating for a less rigid selection.

(A) SPECIAL ADULT.—BLUE FORM.

1. Applicants under 20 or over 60 years of age *next* birthday.
2. Certain occupations—see page 14.
3. Unfavorable family history. The death of both parents of consumption; the death of one parent of consumption if applicant is under 26 years of age *next* birthday; the death of two brothers or sisters, unless the applicant has passed the age of the eldest.
4. An unfavorable personal history or present physical condition.
5. Excess in the use of intoxicants.
6. The applicant having already secured the maximum granted on one life.

NOTE.—A risk is sometimes insurable at Regular Industrial rates when declined at Special Adult rates under the above rules. In this event the application is modified and a Regular Industrial Policy issued.

(B) REGULAR INDUSTRIAL.—WHITE FORM.

1. Applicants (white) under 1 year or over 70 years *next* birthday.
2. Applicants (colored) under 1 year or over 65 *next* birthday.

Rejections
continued.

3. Illegitimate children under 3 years of age next birthday.

Rejections
continued.

4. An unfavorable family history. The death of both parents from consumption ; the death of two or more brothers or sisters older than the applicant.

NOTE.—The death of one parent or one brother or sister is not regarded as unfavorable in this Branch.

5. An unfavorable personal condition or intemperate habits.

6. The amount permissible under the Company's rules having been already granted, further insurance is declined.

It is expected of the Examiner, whenever he shall learn of any irregularity upon the part of the Agent or others who may be connected with the Company, that he shall acquaint the Executive Officers with the fact. Failing to do this he becomes, in a measure, *particeps criminis*. To relieve himself, therefore, of all suspicion, he should not consent to remain silent when he knows that the rules of the Company are being violated. Should it be desired, any communication he sees fit to make will be treated as confidential in character. Securing applications by misrepresentation, false promises to prospective policy-holders, "quiet business," rewriting rejections for sums that do not require medical examination, stating the wrong occupation, &c., are some of the violations of rules that may come under his observation.

Confidential
communi-
cations.

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Special communications, bearing upon cases that he may have examined, will be very gladly received, inasmuch as they throw greater light upon such cases and enable us to act more intelligently. This is especially desirable where rejection has been made and request to reconsider has been received.

The equipment of a medical education by any one of the reputable Medical Colleges of the country presupposes an ability to properly examine an applicant.

The points to be determined in a medical report on a life are as follows :

1. The age.
2. The habits.
3. The family history.
4. The occupation.
5. The personal history.
6. The health of the applicant.

The first five above named have already received attention. In determining them the Examiner has of necessity been compelled to trust to statements made to him, and only partially, perhaps, corroborated by his own observation and enquiry. Upon the last and most important point the Examiner is at an advantage. The subject is before him—under his immediate and personal investigation.

He brings to bear the skilled tools of his craft—an observant eye, a quick ear, a skilled touch. The existence of disease should not escape his notice. His report on this point should be accurate. Here there is the least excuse for error.

It is unnecessary to suggest how the examination should be conducted. That is already known if the Examiner is what he professes to be—an educated physician.

The Ideal Medical Examiners report embraces in terse concise terms a pen picture of the applicant. Nothing important is omitted. Nothing unimportant is inserted. It is recognized at once as the production of a thorough physician. It reflects credit upon the writer and begets confidence at the Home Office in his examinations. It inspires respect for his opinion and gives increased weight to his judgment.

The Ideal
Medical Report



Attention is called to the ten rules given on the following page. They may be aptly called

THE INSURANCE DECALOGUE.

They briefly epitomize the instructions already given.

THE INSURANCE DECALOGUE.

1. Examine promptly.
2. Answer each question definitely, and use ink in writing.
3. If consumption is recognized as a cause of death in near relatives, give a full family history, number of family living, number dead, ages at and causes of death.
4. Avoid indefinite expressions in assigning causes of death or naming a past illness.
5. Explicit information of past illness of serious import—number of attacks—date of last—duration and severity.
6. If suspicious of intemperate habits or (in case of females) immoral life, enquire closely and give your conclusions.
7. Give exact age.
8. State present occupation. If recently changed give previous occupation.
9. Notify the Company of any irregularity.
10. Mail your reports so that they will reach the Home Office *not later* than the following Monday morning.

TABLE OF HEIGHT AND WEIGHT AND CHEST EXPANSION.

NORMAL PROPORTION OF THE HEIGHT OF INDIVIDUALS
TO THEIR WEIGHT AND CHEST
MEASUREMENT.

HEIGHT.	WEIGHT.			CHEST MEASUREMENT.	
	Max.	Med.	Min.	Full Inspiration.	Full Expiration.
4 feet 10 in.	150	105	83	31.5 in.	29.5 in.
4 " 11 "	160	110	87	32.6 "	31.3 "
5 " "	167	115	92	33.2 "	31.9 "
5 " 1 "	174	120	96	34.8 "	32.2 "
5 " 2 "	181	125	100	35.5 "	33.0 "
5 " 3 "	188	130	104	35.8 "	33.4 "
5 " 4 "	195	135	108	36.4 "	33.9 "
5 " 5 "	200	140	112	36.7 "	34.0 "
5 " 6 "	205	145	115	37.0 "	34.5 "
5 " 7 "	210	150	120	37.4 "	34.7 "
5 " 8 "	215	155	125	38.0 "	35.1 "
5 " 9 "	220	160	130	38.9 "	35.7 "
5 " 10 "	225	165	135	39.0 "	36.0 "
5 " 11 "	230	170	140	39.8 "	36.7 "
6 " "	235	175	145	40.3 "	37.2 "
6 " 1 "	240	180	150	41.0 "	37.6 "
6 " 2 "	245	185	155	41.9 "	38.2 "
6 " 3 "	250	190	160	42.6 "	38.9 "
6 " 4 "	255	195	165	43.5 "	39.6 "

The above Table is not intended for absolute guidance, but for reference.

EXPECTATION OF LIFE,

Constructed from the Combined Experience Mortality Table.

Years Old.	Expectation Years.	Years Old.	Expectation Years.	Years Old.	Expectation Years.
10	48.3	40	27.2	70	8.5
11	47.6	41	26.5	71	8.1
12	47.	42	25.8	72	7.6
13	46.3	43	25.1	73	7.2
14	45.6	44	24.4	74	6.8
15	44.9	45	23.6	75	6.4
16	44.2	46	22.9	76	6.1
17	43.5	47	22.2	77	5.7
18	42.8	48	21.5	78	5.4
19	42.1	49	20.8	79	5.
20	41.4	50	20.1	80	4.7
21	40.7	51	19.5	81	4.4
22	40.	52	18.8	82	4.1
23	39.3	53	18.1	83	3.9
24	38.6	54	17.5	84	3.6
25	37.9	55	16.8	85	3.3
26	37.2	56	16.2	86	3.1
27	36.5	57	15.5	87	2.8
28	35.8	58	14.9	88	2.5
29	35.1	59	14.3	89	2.3
30	34.4	60	13.7	90	2.1
31	33.7	61	13.1	91	1.8
32	33.	62	12.6	92	1.6
33	32.3	63	12.	93	1.4
34	31.5	64	11.5	94	1.2
35	30.8	65	10.9	95	1.1
36	30.1	66	10.4	96	.9
37	29.4	67	9.9	97	.8
38	28.7	68	9.4	98	.7
39	28.	69	9.	99	.5

Long and careful observation has shown, that notwithstanding the life of any given individual is proverbially uncertain, yet, that if a large number of persons in ordinary circumstances at a given age be taken, there is a law, fixed and uniform, determining within very narrow limits, the average number of years remaining to them. For example, if we take 10,000 persons at the age of 32, the sum of their ages at death will amount to about 330,000 years; showing that, on an average, each person 35 years old will live 33 years longer. This mean after lifetime is called the expectation of life at the assured age, that is, the number of years which one at that age may expect probably to live.

COMBINED EXPERIENCE MORTALITY TABLE.

AGE.	Number surviving at each Age.	Deaths in each Year.	Deaths per 1,000.	AGE.	Number surviving at each Age.	Deaths in each Year.	Deaths per 1,000.
0	143,400	22,184	154.700	50	69,517	1,108	15,938
1	121,216	7,697	63,498	51	68,409	1,156	16,898
2	113,599	4,030	35,501	52	67,253	1,207	17,947
3	109,489	2,617	23,902	53	66,046	1,261	19,093
4	106,872	1,892	17,703	54	64,785	1,316	20,313
5	104,980	1,428	13,603	55	63,469	1,375	21,664
6	103,552	1,123	10,845	56	62,094	1,436	23,126
7	102,429	922	9,001	57	60,653	1,497	24,679
8	101,507	792	7,802	58	59,161	1,561	26,386
9	100,715	715	7,099	59	57,600	1,627	28,246
10	100,000	676	6,760	60	55,973	1,698	30,836
11	99,374	674	6,786	61	54,275	1,770	32,612
12	98,650	672	6,812	62	52,505	1,844	35,121
13	97,978	671	6,848	63	50,661	1,917	37,840
14	97,307	671	6,896	64	48,744	1,991	40,826
15	96,636	671	6,944	65	46,754	2,061	44,082
16	95,965	672	7,003	66	44,693	2,128	47,614
17	95,293	673	7,062	67	42,565	2,191	51,474
18	94,620	675	7,134	68	40,374	2,246	55,630
19	93,945	677	7,206	69	38,128	2,291	60,087
20	93,268	680	7,291	70	35,837	2,327	64,933
21	92,588	683	7,377	71	33,510	2,351	70,158
22	91,905	686	7,464	72	31,159	2,362	75,805
23	91,219	690	7,564	73	28,797	2,358	81,884
24	90,529	694	7,666	74	26,439	2,339	88,468
25	89,835	698	7,770	75	24,100	2,303	95,560
26	89,137	703	7,887	76	21,797	2,249	103,180
27	88,434	708	8,006	77	19,548	2,179	111,409
28	87,726	714	8,139	78	17,369	2,092	120,444
29	87,012	720	8,275	79	15,277	1,987	130,065
30	86,292	727	8,415	80	13,290	1,866	140,406
31	85,565	734	8,578	81	11,424	1,730	151,436
32	84,831	742	8,747	82	9,694	1,582	163,194
33	84,089	750	8,919	83	8,112	1,427	175,913
34	83,339	758	9,095	84	6,685	1,268	189,678
35	82,581	767	9,283	85	5,417	1,111	205,095
36	81,814	776	9,485	86	4,306	958	222,480
37	81,038	785	9,687	87	3,348	811	242,234
38	80,253	795	9,906	88	2,537	673	265,274
39	79,458	805	10,131	89	1,864	545	292,382
40	78,653	815	10,362	90	1,319	427	323,730
41	77,838	826	10,612	91	892	322	360,987
42	77,012	839	10,894	92	570	231	405,263
43	76,173	857	11,251	93	339	155	457,227
44	75,316	831	11,697	94	184	95	516,304
45	74,435	909	12,212	95	89	52	584,270
46	73,526	944	12,839	96	37	24	648,649
47	72,582	931	13,516	97	13	9	692,308
48	71,601	1,021	14,260	98	4	3	750,000
49	70,580	1,063	15,061	99	1	1	100,000

Ages 0 to 9 Fackler's Extension.

The following Table, taken from the Mortality Register of The Prudential Insurance Company of America, gives the number of deaths from each cause to 10,952 deaths from all causes occurring among Policy-holders of the Company, from June, 1887 to July 1st, 1888.

Order No. 1.—Miasmatic.									
<i>Class No. 1.—ZYMOTIC DISEASES</i>	Diphtheria, - - - - -	-	-	-	-	-	-	-	732
	Croup, - - - - -	-	-	-	-	-	-	-	311
	Scarlatina, - - - - -	-	-	-	-	-	-	-	286
	Typhoid Fever, - - - - -	-	-	-	-	-	-	-	244
	Dysentery, - - - - -	-	-	-	-	-	-	-	94
	Typho Mal. Fever, - - - - -	-	-	-	-	-	-	-	93
	Puerperal Fever, - - - - -	-	-	-	-	-	-	-	87
	Diarrhoea, - - - - -	-	-	-	-	-	-	-	75
	Pyæmia, - - - - -	-	-	-	-	-	-	-	52
	Cholera Morbus, - - - - -	-	-	-	-	-	-	-	50
	Cerebro Spinal Fever, - - - - -	-	-	-	-	-	-	-	49
	Remittent Fever, - - - - -	-	-	-	-	-	-	-	44
	Cholera Infantum, - - - - -	-	-	-	-	-	-	-	43
	Measles, - - - - -	-	-	-	-	-	-	-	43
	Whooping Cough, - - - - -	-	-	-	-	-	-	-	42
	Erysipelas, - - - - -	-	-	-	-	-	-	-	30
	Smallpox, - - - - -	-	-	-	-	-	-	-	21
	Intermittent Fever, - - - - -	-	-	-	-	-	-	-	12
	Congestive Fever, - - - - -	-	-	-	-	-	-	-	9
	Carbuncle, - - - - -	-	-	-	-	-	-	-	7
	Yellow Fever, - - - - -	-	-	-	-	-	-	-	2
	Typhus Fever, - - - - -	-	-	-	-	-	-	-	2
	Quinsy, - - - - -	-	-	-	-	-	-	-	2
	Goitre, - - - - -	-	-	-	-	-	-	-	1
	Mumps, - - - - -	-	-	-	-	-	-	-	1
	Varicella, - - - - -	-	-	-	-	-	-	-	1
Order No. 2.—Enthetic.									
	Syphilis, - - - - -	-	-	-	-	-	-	-	7
	Rabies, - - - - -	-	-	-	-	-	-	-	1
Order No. 3.—Dietic.									
	Purpura Hemorrhagica, - - - - -	-	-	-	-	-	-	-	4
	Alcoholism, - - - - -	-	-	-	-	-	-	-	16
	Lead Poisoning, - - - - -	-	-	-	-	-	-	-	2

Order No. 1.—Diathetic.

Cancer	322
Rheumatism,	43
Anaemia,	24

Order No. 2.—Tubercular.

Consumption,	1966
Tubercular Meningitis,	85
Tabes Mesenterica,	62
Other Tubercular Diseases,	19
Scrofula,	14
Miliary Tuberculosis,	4
Rachitis,	1

Order No. 1.—Nervous.

Apoplexy,	371
Encephalitis,	285
Paralysis,	147
Convulsions,	119
Congestion of Brain,	76
Insolation,	52
Softening of Brain,	42
Epilepsy,	27
Insanity,	24
Myelitis,	22
Tetanus,	8
Tumor of Brain,	7
Locomotor Ataxia,	7
Embolism,	4
Effusion of Brain,	3
Abscess of Brain,	3
Spinal Sclerosis,	2

Order No. 2.—Circulatory.

Valv. Disease of Heart,	388
Diseases of Heart not specified,	118
Hypertrophy of Heart,	68
Fatty Degen. of Heart,	61
Pericarditis,	51
Endocarditis,	44
Angina Pectoris,	29
Aneurism,	24

Embolism,	-	-	-	-	-	-	-	12
Paralysis of Heart,	-	-	-	-	-	-	-	3
Phlebitis,	-	-	-	-	-	-	-	1

Order No. 3.—Respiratory.

Pneumonia,	-	-	-	-	-	-	-	1147
Bronchitis,	-	-	-	-	-	-	-	360
Pleurisy,	-	-	-	-	-	-	-	61
Congestion of Lungs,	-	-	-	-	-	-	-	58
Asthma,	-	-	-	-	-	-	-	41
Hemorrhage of Lungs,	-	-	-	-	-	-	-	29
Laryngitis,	-	-	-	-	-	-	-	17
Oedema of Lungs,	-	-	-	-	-	-	-	13
Emphysema,	-	-	-	-	-	-	-	13
Abscess of Lungs,	-	-	-	-	-	-	-	12
Oedema of Larynx,	-	-	-	-	-	-	-	3
Ulcer of Larynx,	-	-	-	-	-	-	-	1
Gangrene of Larynx,	-	-	-	-	-	-	-	1

Order No. 4.—Digestive.

Peritonitis,	-	-	-	-	-	-	-	125
Enteritis,	-	-	-	-	-	-	-	115
Cirrhosis of Liver,	-	-	-	-	-	-	-	96
Gastritis,	-	-	-	-	-	-	-	95
Gastro Enteritis,	-	-	-	-	-	-	-	59
Hepatitis,	-	-	-	-	-	-	-	45
Dropsy of Liver,	-	-	-	-	-	-	-	45
Obstruction of Intestines,	-	-	-	-	-	-	-	35
Ulcer of Stomach,	-	-	-	-	-	-	-	21
Strangulated Hernia,	-	-	-	-	-	-	-	20
Fatty Degeneration of Liver,	-	-	-	-	-	-	-	10
Jaundice,	-	-	-	-	-	-	-	10
Perityphlitis,	-	-	-	-	-	-	-	9

Hemorrhage of Stomach,	-	-	-	-	-	8
Stricture Oesophagus,	-	-	-	-	-	8
Hypertrophy of Liver,	-	-	-	-	-	8
Abscess of Liver,	-	-	-	-	-	7
Disease of Liver,	-	-	-	-	-	6
Congestion of Liver,	-	-	-	-	-	5
Tumor of Abdomen,	-	-	-	-	-	5
Ulcer of Intestines,	-	-	-	-	-	4
Hemorrhage of Intestines,	-	-	-	-	-	3
Calculus of Liver,	-	-	-	-	-	3
Leucocythaemia,	-	-	-	-	-	3
Colic,	-	-	-	-	-	2
Fistula in Ano,	-	-	-	-	-	2
Disease of Spleen,	-	-	-	-	-	1
Perforation of Intestines,	-	-	-	-	-	1

Order No. 5.—Urinary.

Bright's Disease,	-	-	-	-	-	575
Diabetes,	-	-	-	-	-	29
Cystitis,	-	-	-	-	-	26
Congestion of Kidneys,	-	-	-	-	-	3
Abscess of Kidneys,	-	-	-	-	-	2
Tumor of Kidneys,	-	-	-	-	-	2
Fatty Degen. of Kidneys,	-	-	-	-	-	1
Gravel of Kidneys,	-	-	-	-	-	1

Order No. 6.—Generative.

Hemorrhage--Uterine,	-	-	-	-	-	13
Tumor—Ovary,	-	-	-	-	-	12
Pelvic Cellulitis,	-	-	-	-	-	4
Tumor of Uterus,	-	-	-	-	-	3
Metritis,	-	-	-	-	-	3
Vaginitis,	-	-	-	-	-	1

Order No. 7.—Locomotory & Osseous.

Curvature of Spine,	11
Hip Disease,	10
Arthritis,	3

Order No. 8.—Integumentary.

Abscess,	14
Eczema,	1
Lupus,	1

Order No. 2.—Women.

Puerperal Convulsions,	39
Childbirth,	13
Pregnancy,	4
Puerperal Mania,	2
Placenta Previa,	2

Order No. 3.—Old Age.

Old Age,	230
Senile Gangrene,	24

Order No. 1-4.—Violent Deaths.

Deaths,	434
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Order.—Imperfectly Defined.

Deaths,	81
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SUMMARY.

ZYMOTIC,	2,363	21.57
CONSTITUTIONAL,	2,540	23.19
LOCAL,	5,220	47.67
DEVELOPMENTAL,	314	2.87
VIOLENCE,	434	3.96
IMP. DEFINED,	81	.74
	<hr/> 10,952	<hr/> 100.00

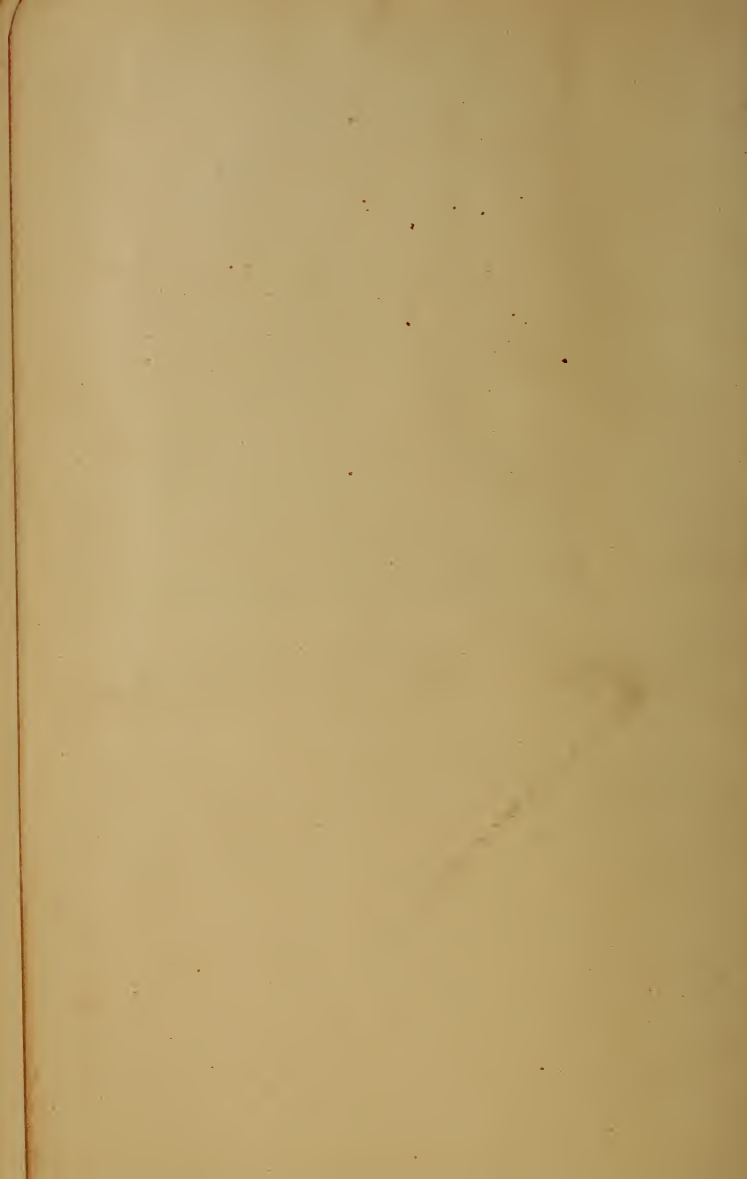
Males, 5,469. Females, 5,483.

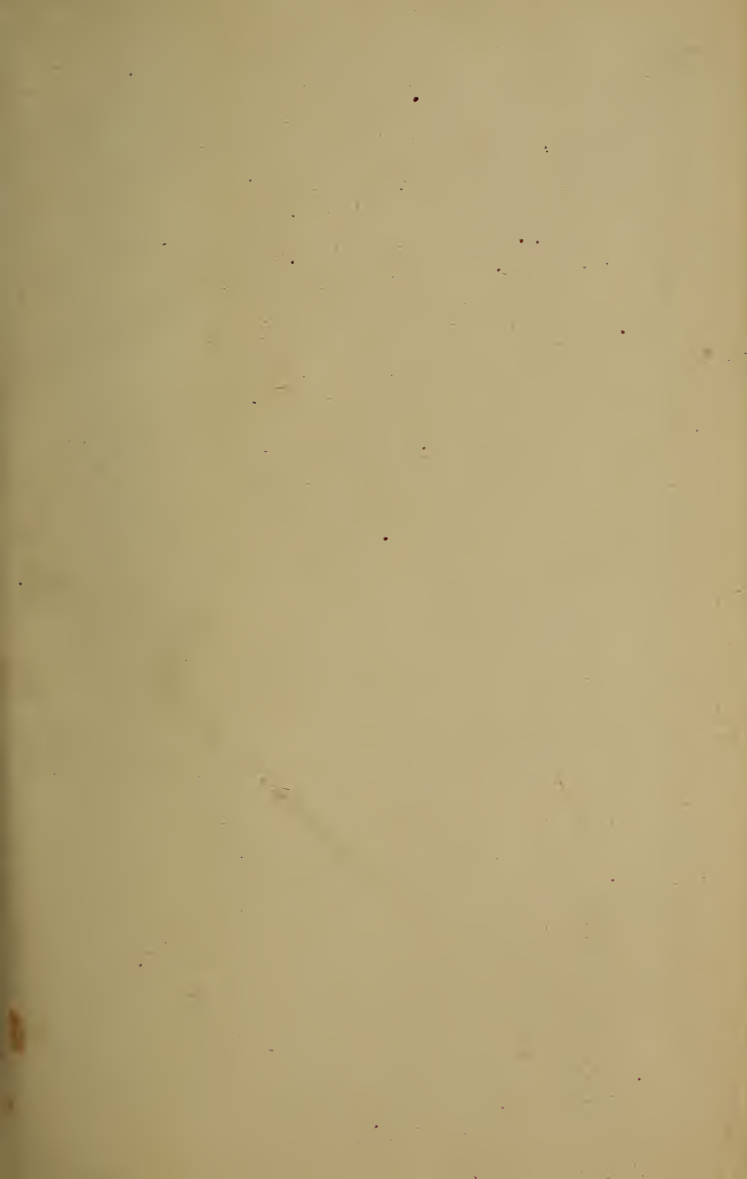


Aug. 24. REFUSED TO PAY. *1894.*

The Insurance Company Would Not Settle
in This Case.

Some two weeks ago, "Mickey" Connors, one of the agents of the Metropolitan Life Insurance Company, wrote, it is alleged, a \$100 policy for Barnard McMahon, the infant son of Mr. and Mrs. Patrick McMahon. At that time it is claimed the child was examined by the company's physician, and found it is said to be perfectly healthy. The policy was delivered by Connors last Monday. The child died of cholera infantum on Tuesday. When the application was made yesterday for the insurance due, the company, it is claimed, through its agent, Connors, refused to pay saying that the child's dying so soon after the policy was delivered made it void. It is possible that the matter may be settled in the courts.







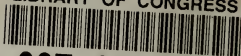


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